



DESIGNATED REPRESENTATIVE APPLICATION & CHECKLIST

This is the formal application for persons desiring to apply for designation to accomplish functions on behalf of the RCAA and cover page for any other documents necessary to the process.

A. DESIGNEE PERSONAL INFORMATION:

1. PEL NUMBER <i>(Leave blank if number not yet assigned.)</i>		2. NAME (First, Middle, Last, Suffix)				
3. TELEPHONE <i>(Cell/Home/Fax)</i>			4. PERMANENT ADDRESS <i>(Street or PO Box Number)</i>			
5. E-MAIL ADDRESS			6. CITY/STATE/COUNTRY/POSTAL CODE			
7. DATE OF BIRTH	8. HEIGHT	9. WEIGHT	10. HAIR	11. EYES	12. SEX	13. NATIONALITY <i>(CITIZENSHIP)</i>

B. SUBMISSION & SPONSORING COMPANY? *(A sponsoring company is only required for "organizational" designees.)*

1. DATE OF SUBMISSION	2. SPONSORING COMPANY
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C. PURPOSE OF APPLICATION:

Initial Designation Renewal of Designation

1. <input type="checkbox"/> - Pilot Examiner	10. <input type="checkbox"/> - Aviation Medical Assessor
2. <input type="checkbox"/> - Flight Crew Check Pilot	11. <input type="checkbox"/> - Language Proficiency Examiner
3. <input type="checkbox"/> - Flight Engineer Examiner	12. <input type="checkbox"/> - Maintenance Engineer Examiner
4. <input type="checkbox"/> - Flight Dispatcher Examiner	13. <input type="checkbox"/> - Airworthiness Representative
5. <input type="checkbox"/> - Flight Dispatcher Check Person	14. <input type="checkbox"/> - Maintenance Representative
6. <input type="checkbox"/> - Cabin Crew Check Person	15. <input type="checkbox"/> - Engineering Representative
7. <input type="checkbox"/> - Knowledge Testing Examiner	16. <input type="checkbox"/> - Air Traffic Examiner
8. <input type="checkbox"/> - Operations Representative	17. <input type="checkbox"/> - Air Traffic Representative
9. <input type="checkbox"/> - Aviation Medical Examiner	18. <input type="checkbox"/> - Parachute Rigger Examiner
19. <input type="checkbox"/> - Other Designation (explain)	

D. DESIGNEE BUSINESS ADDRESS:

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E. RESUME:

(Is a resume or curriculum vitae attached that outlines in ascending chronological order the job/positions/experience that are related to the designation sought?)

1. <input type="checkbox"/> - YES	2. <input type="checkbox"/> - NO	3. <input type="checkbox"/> - NOT APPLICABLE
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F. RELATED FORMAL TRAINING:

(For initial designation, a listing of related formal training related to the designation sought is attached and arranged in ascending chronological order?)

1. <input type="checkbox"/> - YES	2. <input type="checkbox"/> - NO	3. <input type="checkbox"/> - NOT APPLICABLE
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G. CHRONOLOGICAL SUMMARY OF CAA FUNCTIONS PERFORMED:

(For renewal of a designation, a listing of related formal training attached that is related to the designation sought and arranged in descending chronological order?)

1. <input type="checkbox"/> - YES	2. <input type="checkbox"/> - NO	3. <input type="checkbox"/> - NOT APPLICABLE
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H. PERCIEVED NEED? *(State the perceived need that the designation would alleviate.)*

I. PROPOSED FUNCTIONS? *(State the functions that are requested.)*

J. VALIDATION? *(Is this designation to be based on another CAA's designation and is a copy of that designation attached?)*

1. - YES

2. - NO

3. - NOT APPLICABLE

4. If YES include the designation number and related CAA phone and fax numbers:

K. APPLICANT CERTIFICATION: *I certify that this application and all accompanying documents contain true and correct entries.)*

Signature

Date

Printed Name

L. DECISION: *The decision of the RCAA Evaluation Panel is...*

1. - ACCEPTABLE FOR PROCESSING

2. - QUALIFICATION CONCERNS

3. - NEED NOT ESTABLISHED

Panel Member 1

Panel Member 2

Panel Member 3

M. FUNCTIONS AUTHORIZED: *(The RCAA evaluation panel has decided that the following functions that should be authorized.)*

N. LIMITATIONS: *(The RCAA evaluation panel has decided that the following limitations should be included.)*